

420 - FAMILY PLANNING

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I. PURPOSE

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors, Fee-For-Service (FFS) Programs delineated within this Policy including Tribal ALTCS, and excludes Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes guidelines regarding Family Planning services.

II. DEFINITIONS

HYSTEROSALPINGOGRAM An X-ray procedure used to confirm sterility (occlusion of the fallopian tubes) approximately three months following a hysteroscopic tubal sterilization.

**LONG-ACTING
REVERSIBLE
CONTRACEPTIVES
(LARC)** Methods for family planning that provide effective contraception for an extended period of time with little or no maintenance or user actions required, including intrauterine devices and subdermal and implantable contraceptives.

**MATERNITY CARE
PROVIDER**

1. Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers who provide maternity care services,
2. Physician Assistants,
3. Nurse Practitioners,
4. Certified Nurse Midwives, and
5. Licensed Midwives.

REPRODUCTIVE AGE AHCCCS members, male or female, from twelve to 55 years of age.

III. POLICY

Family planning services, when provided by physicians or practitioners, are covered for male and female members who voluntarily choose to delay or prevent pregnancy. Family planning services include covered medical, surgical, pharmacological, and laboratory benefits specified in this Policy. Covered services also include the provision of accurate information and counseling to allow members to make informed decisions about specific family planning methods available, as discussed below in section A.1. Members may choose to obtain family planning services and supplies from any appropriate provider within the Contractor's network.

A. AMOUNT, DURATION AND SCOPE

Members whose eligibility continues, may remain with their assigned maternity provider or exercise their option to select another provider for family planning services. Members receiving services on a FFS basis may elect to remain with their attending FFS physician, or select a new FFS provider.

1. Covered family planning services for members include the following medical, surgical, pharmacological, and laboratory services as well as contraceptive devices (including Intrauterine Devices (IUDs) and subdermal implantable contraceptives):
 - a. Contraceptive counseling, medication, and/or supplies, including, but not limited to: oral and injectable contraceptives, LARC, diaphragms, condoms, foams and suppositories,
 - b. Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning,
 - c. Treatment of complications resulting from contraceptive use, including emergency treatment,
 - d. Natural family planning education or referral to qualified health professionals,
 - e. Post-coital emergency oral contraception within 72 hours after unprotected sexual intercourse (Mifepristone, also known as Mifeprex or RU-486, is not post-coital emergency oral contraception), and
 - f. Sterilization
 - i. Clarification Related to Hysteroscopic Tubal Sterilization
 - a) Hysteroscopic tubal sterilization is not immediately effective upon insertion of the sterilization device. It is expected that the procedure will be an effective sterilization procedure three months following insertion. Therefore, during the first three months the member must continue using another form of birth control to prevent pregnancy.
 - b) At the end of the three months, it is expected that a Hysterosalpingogram will be performed confirming that the member is sterile. After the confirmatory test the member is considered sterile.
2. Coverage for the following family planning services are as follows:
 - a. Pregnancy screening is a covered service.
 - b. Pharmaceuticals are covered when associated with medical conditions related to family planning or other medical conditions.
 - c. Screening and treatment for Sexually Transmitted Infections (STI) are covered services for both male and female members.
 - d. Sterilization services are covered for both male and female members when the requirements specified in this Policy for sterilization services are met (including hysteroscopic tubal sterilizations).
 - e. Pregnancy termination is covered only as specified in AMPM Policy 410 [including Mifepristone (Mifeprex or RU-486)].

3. Limitations

The following are not covered for the purpose of family planning services:

- a. Infertility services including diagnostic testing, treatment services and reversal of surgically induced infertility,
- b. Pregnancy termination counseling,
- c. Pregnancy terminations except as specified in AMPM Policy 410 [(including Mifepristone (Mifeprex or RU 486)], and
- d. Hysterectomies for the purpose of sterilization. (Refer to AMPM Policy 310-L for hysterectomy coverage requirements.)

Refer to AMPM Policy 820 for Prior Authorization (PA) requirements for FFS providers.

B. CONTRACTOR REQUIREMENTS FOR PROVIDING FAMILY PLANNING SERVICES

The Contractor shall ensure that service delivery, monitoring, and reporting requirements are met. The Contractor shall:

1. Plan and implement an outreach program to notify members of reproductive age of the specific covered family planning services available and how to request them. Notification must be in accordance with A.R.S. §36.2904(L). The information provided to members shall include, but is not limited to:
 - a. A complete description of covered family planning services available,
 - b. Information advising how to request/obtain these services,
 - c. Information that assistance with scheduling is available, and
 - d. A statement that there is no charge for these services.
2. Have policies and procedures in place to ensure that maternity care providers are educated regarding covered and non-covered services, including family planning services available to members.
3. Have family planning services that are:
 - a. Provided in a manner free from coercion or behavioral/mental pressure,
 - b. Available and easily accessible to members,
 - c. Provided in a manner which assures continuity and confidentiality,
 - d. Provided by, or under the direction of, a qualified physician or practitioner, and
 - e. Documented in the medical record. In addition, documentation must be recorded that each member of reproductive age was notified verbally or in writing of the availability of family planning services.
4. Incorporate medical audits for family planning services within quality management activities to determine conformity with acceptable medical standards.
5. Establish quality/utilization management indicators to effectively measure/monitor the utilization of family planning services.

6. Have written practice guidelines that detail specific procedures for the provision of LARC. (For more information on LARC, see “Arizona DRG Payment Policies” on the AHCCCS website at www.azahcccs.gov). These guidelines shall be written in accordance with acceptable medical standards.
7. Implement a process to ensure that, prior to insertion of intrauterine and subdermal implantable contraceptives, the maternity care provider has provided proper counseling to the eligible member to minimize the likelihood of a request for early removal. Counseling information is to include a statement to the member indicating if the implant is removed within two years of insertion, the member may not be an appropriate candidate for reinsertion for at least one year after removal.

C. PROTOCOL FOR MEMBER NOTIFICATION OF FAMILY PLANNING SERVICES AND CONTRACTOR REPORTING REQUIREMENTS

The Contractor is responsible for providing family planning services and notifying members regarding the availability of covered services. The Contractor shall establish processes to ensure the sterilization reports specified in this Policy comply with the procedural guidelines for encounter submissions.

AHCCCS will notify all members eligible under the category of Pregnant Woman, who become ineligible for full health care coverage. In addition, AHCCCS will provide information about AHCCCS covered family planning services to include:

1. Member notification of these covered services shall meet the following minimum requirements:
 - a. In accordance with A.R.S. §36-2904(L), Contractors shall notify members of reproductive age either directly or through the parent or legal guardian, whichever is most appropriate, of the specific covered family planning services available to them, and a plan to deliver those services to members who request them. Notification must include provisions for written notification, other than the member handbook, and verbal notification during a member's visit with the member's primary care physician or primary care practitioner.
 - b. Notification of family planning services must include provision for written notification in addition to the Member Handbook and the member newsletter. Communications and correspondence dealing specifically with notification of family planning services are acceptable methods of providing this information. The communications and correspondence must be approved by AHCCCS and conform to confidentiality requirements. (Refer to the ACOM Policy 404).
 - c. Notification is to be given at least once a year and must be completed by November 1. For members who enroll with a Contractor after November 1, notification must be sent at the time of enrollment.
 - d. Notification must include all of the family planning services covered through AHCCCS as well as instructions to members regarding how to access these services.
 - e. As with other member notifications, notification must be written at an easily understood reading level.

- f. Notification must be presented in accordance with cultural competency requirements as specified in ACOM Policy 405.
- g. The Contractor shall monitor compliance to ensure that Maternity Care Providers verbally notify members of the availability of family planning services during office visits.
- h. The Contractor shall report all members under 21 years of age, undergoing a procedure that renders the member sterilized, using Attachment B, as specified in Contract. Documentation supporting the medical necessity for the procedure shall be submitted with the reporting form.

D. FFS FAMILY PLANNING PROVIDER REQUIREMENTS

- 1. FFS providers of family planning services shall:
 - a. Comply with AHCCCS Division of FFS Management PA requirements for prescriptions and/or related family planning supplies, and
 - b. Make referrals to appropriate medical professionals for services that are beyond the scope of family planning services. Such referrals are to be made at the family planning provider's discretion. If the member is eligible for full health care coverage, the referral must be made to an AHCCCS registered provider.

E. STERILIZATION

The following AHCCCS requirements regarding member consent for covered sterilization services apply to Contractors and FFS providers. (For more information refer to 42 CFR 50.203 and 204).

- 1. The following criteria must be met for the sterilization of a member to occur:
 - a. The member is at least 21 years of age at the time the consent is signed (Attachment A),
 - b. Member has not been declared mentally incompetent,
 - c. Voluntary consent was obtained without coercion, and
 - d. 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of a premature delivery or emergency abdominal surgery. Members may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since they gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.
- 2. Any member requesting sterilization must sign an appropriate consent form (Attachment A) with a witness present when the consent is obtained. Suitable arrangements must be made to ensure that the information in the consent form is effectively communicated to members with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds, as well as members with visual and/or auditory limitations. Prior to signing the consent form, a member must first have been given a copy of the consent form and offered factual information that includes all of the following:
 - a. Consent form requirements (See 42 CFR. 50.204),

- b. Answers to questions asked regarding the specific procedure to be performed,
 - c. Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care and/or loss of federally funded program benefits,
 - d. Advice that the sterilization procedure is considered to be irreversible,
 - e. A thorough explanation of the specific sterilization procedure to be performed,
 - f. A description of available alternative methods,
 - g. A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used,
 - h. A full description of the advantages or disadvantages that may be expected as a result of the sterilization, and
 - i. Notification that sterilization cannot be performed for at least 30 days post consent.
3. Sterilization consents may **NOT** be obtained when a member:
- a. Is in labor or childbirth,
 - b. Is seeking to obtain, or is obtaining, a pregnancy termination, or
 - c. Is under the influence of alcohol or other substances that affect that member's state of awareness.